

PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Associated with Customer Number 22511

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

N/A	(Depositor's name)
N/A	(Signature)
N/A	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

10/528,530	03/18/2005	Shinsuke Inoue	17195/002001	8299
------------	------------	----------------	--------------	------

TITLE OF INVENTION: NOVEL THERMOPLASTIC POLYIMIDE AND IMIDE OLIGOMER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
-------------	--------------	-----------	-----------------	------------------	----------

Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	02/03/2010
-----------------	----	------------	----------	------------	------------

EXAMINER	ART UNIT	CLASS-SUBCLASS
----------	----------	----------------

D. Truong	1796	528-170000
-----------	------	------------

- | | | |
|---|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.
Use of a Customer Number is required. | 2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1
Osha · Liang LLP

2

3

 |
|---|---|---|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MANAC INC.

Hiroshima, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Issue Fee | <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | <input checked="" type="checkbox"/> Payment by credit card. |
| <input type="checkbox"/> Advance Order # of Copies _____ | <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 |

4b. Payment of Fee(s):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Payment by credit card. | <input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 |
|---|--|

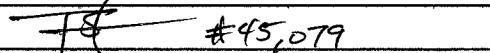
5. Change in Entity Status (from status indicated above)

- | | |
|--|---|
| <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
|--|---|

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

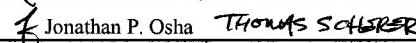
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature


#45,079

Date December 22, 2009

Typed or printed name


Jonathan P. Osha THOMAS SCOTT

Registration No. 33,986